

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL

FOR: HEALTH CARE FINANCING ADMINISTRATION

1. TRANSMITTAL NUMBER:

0 3 — 0 0 6

2. STATE:

Missouri

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)

4. PROPOSED EFFECTIVE DATE

10-1-03

TO: REGIONAL ADMINISTRATOR
HEALTH CARE FINANCING ADMINISTRATION
DEPARTMENT OF HEALTH AND HUMAN SERVICES

5. TYPE OF PLAN MATERIAL (Check One):

☐ NEW STATE PLAN

☐ AMENDMENT TO BE CONSIDERED AS NEW PLAN

☒ AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)

6. FEDERAL STATUTE/REGULATION CITATION:

Section 1902 of the Social Security Act

7. FEDERAL BUDGET IMPACT:

a. FFY _____ \$ _____
b. FFY _____ \$ _____

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

Supplement 8b to Attachment 2.6-A, Page 4

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable):

Supplement 8b to Attachment 2.6-A, Page 4

10. SUBJECT OF AMENDMENT:

Eligibility under Section 1902(f) and (r)(2) of the Social Security Act

11. GOVERNOR'S REVIEW (Check One):

- ☒ GOVERNOR'S OFFICE REPORTED NO COMMENT *ce*
☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED
☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

☐ OTHER, AS SPECIFIED:

12. SIGNATURE OF STATE AGENCY OFFICIAL:

Steve Roling

13. TYPED NAME:

Steve Roling

14. TITLE:

Director, Department of Social Services

15. DATE SUBMITTED:

16. RETURN TO:

Denise Cross, Director
Family Support Division
P.O. Box 88
Jefferson City, MO 65103

FOR REGIONAL OFFICE USE ONLY	
DATE RECEIVED	DATE SUBMITTED
APPROVED	APPROVED
EFFECTIVE DATE OF APPROVED MATERIAL	STAMPED APPROVED REGIONAL
TYPED NAME	TITLE
REMARKS	

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: Missouri

For the mandatory Aged, Blind, and Disabled group under
1902(f)

Income above the SSI standard that does not exceed 90% of
the federal poverty income level (as revised annually in the
federal register) for the single individual or couple
involved is disregarded. The federal poverty level increase
each year is effective as of April 1 of that year.

TN No. MS-03-6 Approval Date **DEC 17 2003** Effective Date 10-1-03
Supercedes
TN No. MS-02-25